

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

The information I have provided is true .I understand that:

1. It is my responsibility to notify the SCSU Veterans Affairs Office of any changes in my degree program or projected semester hours (drops/withdrawals);
2. It is my responsibility to follow the program curriculum outlined in the University's catalog;
3. If I fail a course from excessive absences or non-attendance in class, I may be required to repay VA benefits I have received for the failed course; and
4. The school will certify me to the VA only after I have completed/renewed this and other relevant forms.

(Signature)

(Date)

FILL OUT THIS PAGE IF YOU ANSWERED "YES" TO A QUESTION IN THE "YES/NO" SECTION ON THE PREVIOUS PAGE

COMPLETE IF ANY PROJECTED COURSE FALLS UNDER THE FOLLOWING CATEGORIES

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

NAME/NUMBER

**INDEPENDENT STUDY
SEM HRS TERM**

COURSE

CHANGE OF PROGRAM OR MAJOR

Date: _____

As of this date, I changed my major

From: _____

(original major)

To: _____

(new major)

(Signature)

(Date)

REQUEST FOR ADVANCE PAYMENT

ALL OF THE FOLLOWING MUST APPLY:

_____ You will enroll ½ time or more.

_____ You are submitting this form at least 45 days prior to the next term.

PLEASE NOTE: Advance Pay would provide you with about 1 month + 1-2 weeks of benefits at the start of the semester. You would not receive another check until about 2 ½ months after the term begins. Be sure to properly budget your money if you request this option.

I request Advance Payment: _____

(Signature)

(Date)